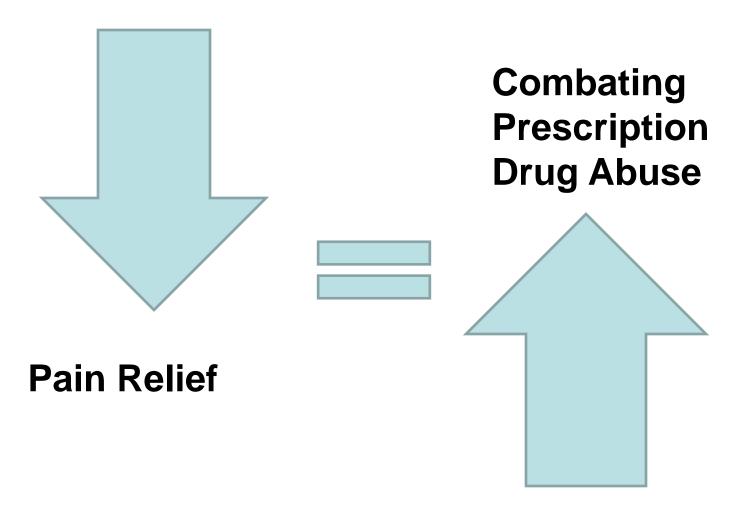
## Protecting Advocating Serving

### Pain in the Balance: Common Strategies to Improve Pain Care

2011 Michigan Pain and Palliative Care Assembly September 16, 2011



## The Challenge of Balance





#### Pain: A Public Health Problem

- Chronic pain affects an estimated 116 million American adults
- Estimated costs of up to \$635 billion annually in treatment and lost productivity
- Treatment disparities
- Estimated 10-12 million patients are on long term opioid therapy
- Opioids can relieve suffering and help people with pain lead functional, productive lives



#### Pain: A Public Health Problem

- 2010 Patient Protection and Affordable Care Act (ACA) recognized the need to examine pain as a public health problem
  - IOM Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research
  - NIH Interagency Pain Research Coordinating Committee



## Collaboration and Consensus: Improving Pain Care

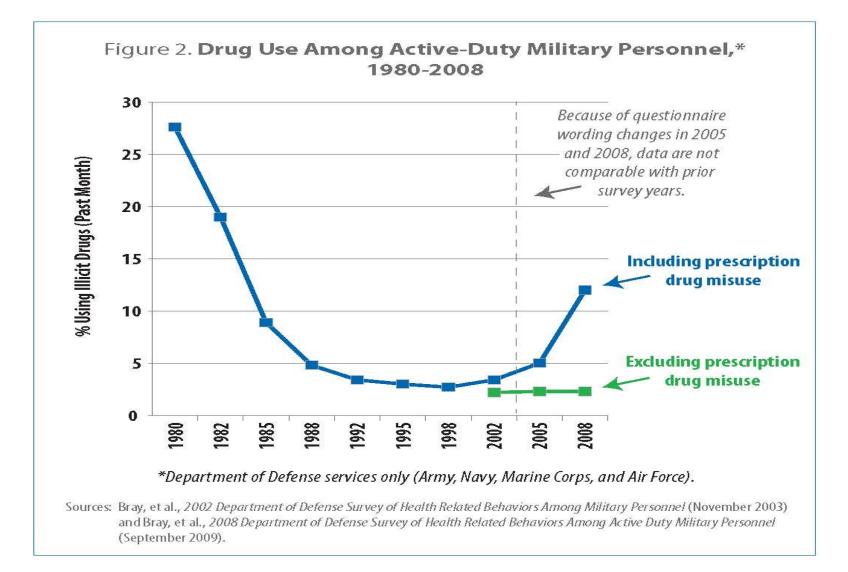
- Federation of State Medical Boards/FSMB Foundation
  - Model Policy for the Use of Controlled Substances for the Treatment of Pain (HOD 2004)
  - Responsible Opioid Prescribing: A Physician's Guide
  - 2<sup>nd</sup> Edition (November 2011)
- American Pain Society/American Academy of Pain Medicine
  - Guidelines for the Use of Opioid Therapy in Chronic Non-Cancer Pain
- American Pain Foundation
  - PainSAFE.org



# Prescription Drug Abuse: A National Epidemic

- Between 2007-2009
- Overdose deaths >11,499 (now the 2<sup>nd</sup> leading cause of unintentional deaths according to CDC)
- Abuse treatment admissions 105,680
- ED visits for misuse or abuse ~306,000
- Abuse/dependence w/in the past year ~19 million
- Nonmedical use w/in past month ~5.3 million
- Estimated total cost of nonmedical use of prescription opioids was \$53.4 billion (2006)\*

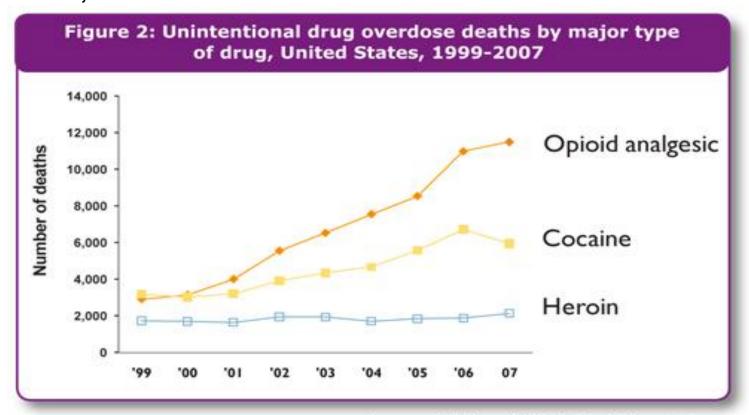
Source: Open Dialogue IV Meeting, September 7, 2011 – H. Westley Clark, MD,JD, MPH, CAS, FASAW \*Clinical Journal of Pain: March/April 2011, Vol. 27, Issue 3,



Source: National Drug Control Strategy 2011, <a href="http://www.atforum.com/addiction-resources/documents/ndcs2011.pdf">http://www.atforum.com/addiction-resources/documents/ndcs2011.pdf</a>



Unintentional drug overdose deaths by major type of drug, United States, 1999-2007.



Source: National Vital Statistics System

Source: Centers for Disease Control and Prevention, *Unintentional Drug Poisoning in the United States (July 2010)*. <a href="http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/brief\_full\_page\_text.htm">http://www.cdc.gov/HomeandRecreationalSafety/Poisoning/brief\_full\_page\_text.htm</a>

#### Opioid Prescribing and Overdose Related Deaths

- Study Findings and Conclusions
- Among patients receiving opioid prescriptions for pain, higher opioid doses were associated with increased risk of opioid overdose death
- Overdose risk is lower among patients with cancer compared with other patients
- Evidence suggests that overdose death is uncommon among palliative care patients
- Risks of overdose should be evaluated relative to the need to reduce pain and suffering...

Source: Association Between Opiod Prescribing Patterns and Opioid Overdose-Related Death, Bohnert, A.S.G. et al, 6 April 2011, Journal of the American Medical Association, Vol. 305, No. 13



## Accessibility to Prescription Pain Relievers

- For people age 12 and older in 2008-2009:
- 55.3% from friend or family for free
- 17.6% from a prescription from one doctor
- 9.9% purchased from friend or family
- 5% from friend or family w/out permission
- 4.8 from drug dealer or other stranger
- 0.4 purchased from Internet

Source: Open Dialogue IV Meeting, September 7, 2011 – H. Westley Clark, MD, JD, MPH, CAS, FASAM



### **Prevalence to Prescription Pain Relievers**

 Distribution of prescription drugs by drug companies grew from 96 mg/person in 1997 to 698 mg/per person in 2007, enough for every American to take 5 mg Vicodin every 4 hours for 3 weeks (CDC, 2011)

Source: Open Dialogue IV Meeting, September 7, 2011 – H. Westley Clark, MD, JD, MPH, CAS, FAS,

#### The Challenge of Balance

How do we as a society address the dual public health priorities – providing relief to people with pain and reducing prescription drug abuse?

"Effective pain management is a moral imperative, a professional responsibility, and the duty of people in the healing professions." (Relieving Pain in America – IOM June 2011)

"I am committed to restoring balance I our efforts to combat the drug problems that plague our communities... a well-crafted strategy is only as successful as its implementation. To succeed, we will need to rely on the hard work, dedication and perseverance of every concerned American." President Barack Obama in a statement to Congress



#### FEDERAL STRATEGIES

- A coordinated interagency public health and safety approach
- Minimize abuse while assuring access and safe use
- 2011 Prescription Drug Abuse Prevention Plan
  - Education
  - Monitoring
  - Proper Medication Disposal
  - Enforcement
- Risk Evaluation and Mitigation Strategy (REMS)
  - Hydromorphone
  - Oxycodone
  - Morphine
  - Oxymorphine
  - Morphone
  - Methadone
  - Transermal fentanyl
  - Transdermal buprenorphine



#### FEDERAL PARTNERSHIPS

- ONDCP
- FDA
- DEA
- DOJ
- SAMHSA
- CDC
- CMS
- NIDA
- HHS Office of the National Coordinator for HIT
- HHS Assistant Secretary for Health
- DOD/VA



### **Congressional Strategies**

- Secure and Responsible Drug Disposal Act of 2010 signed by the President in October 2010
- Stop Trafficking of Pills (STOP) Act introduced May 2011 certain Medicare/Medicaid beneficiaries would be required to access medications through one prescriber/one pharmacy
- Pill Mill Crackdown Act of 2011 introduced March 2011 would reclassify hydrocodone combination medications from Schedule III to Schedule II and toughen penalites for pill mill operators
- Prescription Drug Abuse Prevention and Treatment Act of 2011
   introduced March 2011 would require 16 hours CME every 3 years as a condition of DEA registration
- Ryan Creedon Act of 2011 would mandate CME as a condition of DEA registration



## THE ROLE OF STATE HEALTH REGULATORY BOARDS

- Primary responsibility is to protect the public
  - Protect Patients
  - Assure competence of Providers
  - Maintain the Integrity of the Profession
- Establish and promulgate standards of practice
- Establish mechanisms to support the ongoing competence of licensed health care professionals (CME/CPD)
- Provide opportunities for remediation of deficiencies
- Sanction as appropriate



# State Boards Support Appropriate Pain Management

- Policy
  - 52 state boards have policy, rules or statement related to pain management
- Board sponsored or co-sponsored education
- Prescription Monitoring Programs
  - 48 states have operational PMPs or authorizing legislation
- Legislation to combat "pill mills" and internet prescribing
- Investigation and adjudication of complaints



#### Conclusion

- The realities of this dual public health crisis demand
  - a thoughtful, reasoned approach to avoid unintended consequences
  - Multi-sector collaboration
  - Commercial stewardship
  - Improve clinical practice
    - Interdisciplinary prescriber education throughout the continuum of education, training and practice
    - Patient education (physician, pharmacist, other members of the health care team)
    - Reimbursement incentives
  - Expanding access to drug abuse treatment
  - Legislative action at the state and federal level



## Protecting Advocating Serving

#### www.fsmb.org

Lisa Robin
Chief Advocacy Officer
Federation of State Medical Boards

1110 Vermont Avenue NW, Suite 1000 Washington, DC 20005 202-530-4872 <a href="mailto:linearing-right">lrobin@fsmb.org</a>

